

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

1076945

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 27            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 27 minus 20 = | 7                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2-12-07 (Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total                            | 27    | Minus                              | 27            |
| Independent   | 3                                | Minus | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |      |           |        |
|-------------------|-------------------------|------|-----------|--------|
|                   | RATE                    | FEES | RATE      | FEES   |
| BASIC FEE         | 385.00                  | OR   | BASIC FEE | 770.00 |
| XS 9=             |                         | OR   | XS18=     | 176    |
| X43=              |                         | OR   | X86=      |        |
| +145=             |                         | OR   | +290=     |        |
| TOTAL             |                         | OR   | TOTAL     | 996    |

| SMALL ENTITY     | OTHER THAN SMALL ENTITY |                |                  |                |
|------------------|-------------------------|----------------|------------------|----------------|
|                  | RATE                    | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
| XS 9=            |                         | OR             | XS18=            |                |
| X43=             |                         | OR             | X86=             |                |
| +145=            |                         | OR             | +290=            |                |
| TOTAL ADDIT. FEE |                         | OR             | TOTAL ADDIT. FEE |                |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total                            | Minus | **                                 | =             |
| Independent   | Minus                            | ***   |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total                            | Minus | **                                 | =             |
| Independent   | Minus                            | ***   |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total                            | Minus | **                                 | =             |
| Independent   | Minus                            | ***   |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.